PART B - FEE(S) TRANSMITTAL

omplete and se	d this	form	ogether	with	applicable	fee(s),	to:	<u>Mai</u>
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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

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06/10/2004

**NOVARTIS** CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 430/2 **EAST HANOVER, NJ 07936-1080** 

09/13/2004 RMEBRAH1 00000018 190134

01 FC:1501 02 FC:1504

1330.00 DA 300.00 DA

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03 FC:8001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 09/731.139 12/06/2000 Christiane Guitard 4-31268A 8688

TITLE OF INVENTION: USE OF ORGANIC COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/10/2004
EXAM	INER	ART UNIT	CLASS-SUBCLASS	j	
WEDDINGTO	ON, KEVIN E	1614	514-255060	_	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			or printing on the patent front page, es of up to 3 registered patent ants OR, alternatively, (2) the name (having as a member a registered at) and the names of up to 2 registered meys or agents. If no name is liste be printed.	attorneys or of a single attorney or tered patent	y D. Ferraro

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**NOVARTIS AG** 

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🖼 Issue Fee	☐ A check in the amount of the fee(s) is enclosed.					
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X Advance Order - # of Copies10	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
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Gregory D . Ferraro Kegistra

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